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PIN 18-01-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

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SUBJECT: **INFLUENZA OR “FLU” AND PNEUMONIA IN ADULT AND SENIOR CARE FACILITIES**

**Provider Information Notice (PIN) Summary**

PIN 18-01-ASC provides information and recommendations for controlling transmission of the flu and pneumonia in Adult and Senior Care facilities based on recommendations from the Federal Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) guidance.

Influenza, often referred to as the “flu”, is a contagious illness caused by influenza viruses that infects a person's respiratory system (nose, throat, and sometimes, the lungs). It can cause mild to severe illness, and at times can lead to death. While flu viruses circulate year-round, most of the time flu activity peaks between December and February.

Anyone can get the flu. Serious complications related to the flu, such as pneumonia, can happen at any age, but some [people are at high risk](#) of developing serious flu-related complications if they get sick. These include people who are 65 years of age and older or of any age with certain chronic medical conditions such as asthma, diabetes, or heart disease.

The most common strain of flu this season appears to be more likely to infect the elderly and less likely to be prevented by the current vaccine, although vaccination may

still decrease the risk of serious illness, so licensees of Residential Care Facilities for the Elderly (RCFEs) should be especially alert and prepared to recognize and manage outbreaks.

Best practice is to incorporate the following recommendations into written policies and procedures ahead of time so that outbreaks can be recognized early and control measures implemented promptly.

## **INFLUENZA (FLU)**

### **Signs and Symptoms**

People who have the flu often have some or all of these signs and symptoms, which usually start suddenly, not gradually:

- Fever or feeling feverish
- Chills
- Chest discomfort, cough
- Sore throat
- Sneezing
- Runny or stuffy nose
- Muscle or body aches
- Headache
- Extreme fatigue, weakness
- Vomiting and diarrhea, though this is more common in young children than in adults.

*NOTE:* Not everyone with flu will have a fever

In most people, flu symptoms start to clear up after three (3) to seven (7) days, but cough and fatigue can last more than two (2) weeks.

Flu symptoms in people who are elderly can be less common and subtle, such as a change in mental status or a below normal temperature. Many people who are elderly may not be able to reliably report symptoms.

### **Distinguishing between Flu and Cold Symptoms**

<b>SIGNS AND SYMPTOMS</b>	<b>INFLUENZA</b>	<b>COLD</b>
<b>Symptom Onset</b>	Abrupt	Gradual
<b>Fever or feeling feverish</b>	Common; lasts 3-4 days	Rare

<b>Muscle or Body Aches</b>	Common; often severe	Slight
<b>Chills</b>	Fairly Common	Uncommon
<b>Extreme Fatigue, Weakness</b>	Common	Sometimes
<b>Sneezing</b>	Sometimes	Common
<b>Runny or Stuffy Nose</b>	Sometimes	Common
<b>Sore Throat</b>	Sometimes	Common
<b>Chest discomfort, cough</b>	Common; can be severe	Mild to moderate; hacking cough
<b>Headache</b>	Common	Rare

## Transmission

Most experts believe the flu virus is spread mainly by tiny droplets made when people with flu cough, sneeze, or talk that can land in the mouths or noses of people who are nearby. The virus can also spread by direct contact with respiratory secretions, like saliva and mucus. Less frequently, a person might also get the flu by touching a surface or object that has flu virus on it and then touching their mouth, nose, or eyes.

## Incubation and Period of Contagiousness

The incubation period, or time between exposure to the flu and appearance of the first symptoms is 1-4 days. Although people with the flu are most contagious in the first 3-4 days after their illness begins, some otherwise healthy adults may infect others beginning 1 day before their symptoms develop and up to 5 to 7 days after they become sick. Some people, especially those with weakened immune systems, might be able to infect others with flu viruses for an even longer period of time.

## Testing

Clients or residents and/or facility staff with influenza-like illness, especially if there is a cluster (two or more cases of influenza-like illness within 72 hours) should be tested for influenza. The [local health department](#) can coordinate prompt influenza testing.

## Prevention

The first and most important step in preventing the flu is for clients or residents, facility staff, and volunteers to get a [flu vaccination](#) each year. The Centers for Disease Control (CDC) also recommends everyday preventive actions such as staying away from people who are sick, covering coughs and sneezes, and frequent handwashing to help slow the spread of germs that cause respiratory illnesses like flu.

## **Treatment**

The flu can be treated with antiviral drugs prescribed by a licensed medical professional. Antiviral drugs started as soon as possible for clients or residents with suspected or confirmed flu can make illness milder, shorten the time a client or resident is sick, and may also prevent serious flu complications. For clients or residents with high risk factors, treatment with an antiviral drug can mean the difference between having a milder illness versus a serious illness that could result in a hospital stay.

Studies show that antiviral drugs for flu work best when they are started within two days of getting sick, but starting them later can still be helpful, especially if a client or resident who is sick has a high risk factor or is seriously ill from the flu. As always, licensees must follow instructions for taking this drug from a licensed medical professional.

Additionally, as circumstances permit, start antiviral drugs for all non-ill facility clients or residents (regardless of vaccination history) when an influenza outbreak has been confirmed in a facility (two or more residents with influenza like illness within 72 hours and at least one resident has confirmed influenza). Antivirals should be administered for a minimum of two weeks, and continue for at least seven days after the last known case of influenza was identified.

## **PNEUMONIA**

### **Pneumonia Caused by the Flu**

Some people will develop complications, such as pneumonia, as a result of the flu. Pneumonia is an infection of the lungs that can cause mild to severe illness.

### **Signs and Symptoms**

Common signs and symptoms in people with pneumonia may include those that are similar to the flu, such as cough, fever, and chills. They may also include chest pain and difficulty breathing.

### **Prevention**

Licensees are reminded to make sure clients or residents have current pneumococcal vaccinations. The CDC recommends pneumococcal vaccination for all adults 65 years of age and older.

For more information about pneumococcal vaccine, click [here](https://www.cdc.gov/vaccines/vpd/pneumo/index.html) or go to <https://www.cdc.gov/vaccines/vpd/pneumo/index.html>.

## **ADDRESSING INFLUENZA AND PNEUMONIA IN ADULT AND SENIOR CARE**

## **FACILITIES**

### **Reporting an Outbreak**

Early detection of a flu outbreak is imperative in controlling its transmission. An outbreak should be suspected when two or more clients or residents or facility staff develop acute-onset symptoms within two days. A licensee is required to report suspected or confirmed outbreak as soon as possible to the local health department, local Community Care Licensing Division Adult and Senior Care Regional Office (California Code of Regulations, and the client's authorized representative, as required by applicable regulations (CCR), Title 17, Section [2500](#) and CCR, Title 22, Sections [80061\(b\)\(1\)\(H\)](#), [82061\(a\)\(1\)\(F\)](#), and [87211\(a\)\(2\)](#). The local health department should be consulted when implementing the following recommendations, particularly in regard to admitting new residents and establishing visitor policies during a flu outbreak.

### **Controlling Transmission**

#### **Isolation and Cohorting**

Isolation and cohorting separate people who are ill from people who are asymptomatic (do not have symptoms of illness), and prevent transmission by facility staff or others who are ill to people who are asymptomatic. A licensee should have clients or residents who are symptomatic stay in their own rooms as much as possible, restrict them from common activities, and serve their meals in their rooms when possible. When clients or residents who are symptomatic cannot be accommodated in single-occupancy rooms, a licensee should make efforts to separate them from clients or residents who are asymptomatic. These efforts may include placing clients or residents who are symptomatic in multi-occupancy rooms, or designating areas or sections that are next to each other within a facility for clients or residents who are symptomatic and asymptomatic.

Precautions for clients or residents who are ill should be maintained for seven (7) days after illness begins or until twenty-four (24) hours after fever and respiratory symptoms end, whichever is longer. Clients or residents who have been discharged and return to the facility after being hospitalized with flu, should be on the same precautions, based on the same lengths of time following the beginning of illness or the end of symptoms, as clients or residents who are ill.

Consider the following precautions:

#### **Facemasks**

- Facility staff should wear a facemask (e.g., surgical or procedure mask) upon entering a client's or resident's room, and remove the facemask when leaving the client's or resident's room, and dispose of the facemask immediately in a

waste container.

- If client or resident movement or transport is necessary, have the client or resident wear a facemask, if possible.

### Hand Washing and Gloves

- Actively promote adherence to hand hygiene among facility staff, clients or residents, and visitors.
- Wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub. This is especially important after providing care to or having contact with clients or residents suspected or confirmed with flu virus or pneumonia.
- Assist clients or residents with hand hygiene, especially before leaving and entering rooms and after contact with respiratory secretions and contaminated tissues.
- Require the use of disposable gloves (latex or vinyl) when in contact with respiratory secretions, contaminated tissues, vomit, or fecal matter. After removing the gloves, facility staff should immediately, without touching surfaces or objects, wash their hands with soap and water. Used gloves should be put in a trash bin (disposable gloves should never be washed and reused).

### Respiratory Hygiene and Cough Etiquette

- During flu season, post visual reminders asking clients or residents, facility staff, visitors, and volunteers to cover coughs and report symptoms of respiratory illness to a designated person.
- Provide tissues or facemasks to clients or residents who are coughing or sneezing so they can cover their nose and mouth, if possible.
- Encourage clients or residents, facility staff, visitors, and volunteers who are coughing or sneezing to remain at least three (3) feet away from others, if possible.

### Visitor Precautions and Restrictions

- Post signs notifying visitors that if they have respiratory symptoms, they should not visit for five (5) days and children with symptoms should not visit for ten (10) days after illness begins.

### Cleanliness of Facility

- Perform routine cleaning and disinfection of frequently touched surfaces and equipment. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, and kitchen food preparation surfaces.
- To the extent possible, increase the frequency of cleaning and disinfection of client or resident care areas and frequently touched surfaces during outbreaks of the flu. A freshly prepared solution of household bleach at least 1000 ppm (five tablespoons, or one-quarter cup plus one tablespoon, of standard 5.25 percent household bleach in a gallon of water) can be used.
- Change mop heads when new solutions are prepared, or after cleaning large spills of vomit or fecal matter.

#### Linens and Clothing

- Put linens soiled with respiratory secretions, contaminated tissues, vomit, or fecal matter in a plastic bag before taking them to the laundry room. Encourage facility staff responsible for laundry to wear gloves, a mask, and a disposable gown (or to change their clothes) when physical contact with soiled linens is necessary.
- Wash soiled clothing separately from other laundry in hot water using any commercial laundry detergent. Dry clothes in a dryer.

#### Staff Leave and Policy

- Staff with a fever of 100°F or higher should not work.
- Facility staff who are ill should be excluded from work for at least 24 hours after a flu-related fever is gone. (A fever should be gone for 24 hours without the use of a fever-reducing medicine.)
- Once facility staff return to work, reinforce the importance of performing frequent hand hygiene.
- Exclude staff, students, and volunteers who are not critical to providing care from working in areas experiencing outbreaks of flu.

The resources below provide additional information regarding the flu and pneumonia.

**RESOURCES:**

- California Department of Public Health, [Influenza \(Flu\) and Other Respiratory Diseases](#)
- California Department of Public Health, [Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities](#)
- California Department of Public Health, [Local Health Services/Offices](#)
- Centers for Disease Control and Prevention, [Influenza \(Flu\) Viruses](#)
- Centers for Disease Control and Prevention, [Pneumonia, An infection of the lungs](#)

Additionally, the Community Care Licensing Division released PIN [17-03-ASC](#), Controlling Transmission of Acute Viral Gastroenteritis (Norovirus) or “Stomach Flu”.

If you have any questions, please contact the applicable [Adult and Senior Care Regional Office](#).